

This form may be completed online, printed and mailed to the address listed below.



STATE OF NEBRASKA

HHSR&L - Credentialing Division

P.O. Box 94986

Lincoln, Nebraska 68509-4986

(402) 471-2117

ATTACHMENT R

**APPLICATION
FOR THE PSYCHOLOGY BOARD-
DEVELOPED EXAMINATION**

(Print or Type)

SECTION A - PERSONAL INFORMATION (All applicants must complete this section) – Name and Address are public information

1	Name	Last:	First:	Middle/Maiden:			
2	Address	Street/PO/Route:					
		City:	State:	Zip:			
3	Telephone (Optional)						
4	Date requesting to take the examination (Check the date you wish to be scheduled)						
	Oral Examinations for the year 2006 will be administered on the dates indicated in the following chart. Deadline for application submission is the first Monday of the month you wish to test. The examinations begin at 10:00 a.m. and each candidate will be scheduled individually for approximately 20 minutes.						
	January	March	May	July	September	November	
	20 <input type="checkbox"/>	17 <input type="checkbox"/>	19 <input type="checkbox"/>	21 <input type="checkbox"/>	15 <input type="checkbox"/>	17 <input type="checkbox"/>	
5	Do you have a disability that requires any accommodations for taking the examination?					Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If yes, an accommodation request form must be completed (This form is available from the Credentialing Division).						

SECTION B - PHOTOGRAPH (All applicants must provide a photograph for purposes of identification and admission to the Examination. Applicants may request to have the photograph returned to them following the examination.)

Attach a recent photograph(s) in the space provided to the right, measuring 2" x 3".

Picture must be a frontal view of applicant's head and shoulders.

(Signature of Applicant)

Date